

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be reimbursement of \$2,035.00 for dates of service 07/19/01, and 07/20/01.
- b. The request was received on 01/15/02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC 60 and Letter Requesting Dispute Resolution dated 04/16/02
 - b. HCFA(s)
 - c. TWCC 62 forms
 - d. Medical Records
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
 - a. TWCC 60 and Response to a Request for Dispute Resolution dated 02/02/02
 - b. TWCC 62 form
 - c. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Per Rule 133.307 (g) (3), the Division forwarded a copy of the requestor's 14 day response to the insurance carrier on 04/26/02. Per Rule 133.307 (g) (4) or (5), the carrier representative signed for the copy on 04/29/02. The response from the insurance carrier was received in the Division on 05/09/02. Based on 133.307 (i) the insurance carrier's response is timely.
4. Notice of Medical Dispute is reflected as Exhibit III of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor:

“The requested MDR is for DOS 7/19/01 and 7/20/01. The provider feels that these dates were done within the allotted timeframe of the carrier’s pre-authorization. The carrier then denied these dates as not having any authorization and for being a duplicate charge. It is the provider’s opinion that neither of these denials are valid.”

2. Respondent:

The respondent has denied the dates of service in dispute that pre-authorization was not obtained in accordance with TWCC Rule 134.600(h).

IV. FINDINGS

- Based on Commission Rule 133.307(d) (1) (2), the only dates of service eligible for review are 07/19/01, and 07/20/01.
- The denial listed on the EOB is “A-PRE-AUTHORIZATION NOT OBTAINED.”
- The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
07/19/01 07/19/01 07/20/01	97799-CP	\$185.00 \$740.00 \$1,110.00	\$0.00 \$0.00 \$0.00	A A A	DOP	TWCC Rule 134.600 (h)	According to the referenced Rule, pre-authorization must be obtained. In the Requestor’s dispute packet is a log of preauthorized DOS, indicating the preauthorized chronic pain program started on 05/07/01 and continued through 07/25/01 for 40 visits. This indicates that the DOS in dispute fell within this 40 day period. Therefore, reimbursement is recommended in the amount of \$1,628.00 as listed in the Table of Disputed services.
Totals		\$2,035.00	\$0.00				The Requestor is entitled to reimbursement in the amount of \$1,628.00.

The above Findings and Decision is hereby issued this date 19th of June, 2002.

Michael Bucklin, LVN
Medical Dispute Resolution Officer
Medical Review Division

MB/mb

V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$1,628.00 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 19th day of June, 2002.

Carolyn Ollar, R.N., B.A
Medical Dispute Resolution Officer
Medical Review Division

CO/mb

This document is signed under the authority delegated to me by Richard Reynolds, Executive Director, pursuant to the Texas Workers' Compensation Act, Texas Labor Code Sections 402.041 - 402.042 and re-delegated by Virginia May, Deputy Executive Director.